=							
Fill in this in	formation to identify	your case:					
Debtor 1	Choyling		Pertab				
Debtor 2	First Name	Middle Name	Last Name				
(Spouse, if filing)	First Name	Middle Name	Last Name				
United States	Bankruptcy Court for the:	Eastern District of New Yo	rk				
Case number	18-43687				Check if t	his is:	
(If known)				☐ An am	nended filing		
						plement showing postpetition chapter 13	
Official Fo	orm 106l		e as of the following date:				
		MM / [DD / YYYY				
Sched	iule I: You	ır Income				12/15	
supplying collif you are separate shee	rrect information. If your arated and your spou	ou are married and not fil use is not filing with you, top of any additional pa	ling jointly, and yo do not include inf	our spouse i formation al	s living with your spo	or 2), both are equally responsible for you, include information about your spouse. buse. If more space is needed, attach a known). Answer every question.	
	Fill in your employment information.		Debtor 1			Debtor 2 or non-filing spouse	
	e more than one job,						
	eparate page with n about additional	Employment status	Employed			☐ Employed	
employers			☐ Not employ	red		☐ Not employed	
Include pa self-emplo	rt-time, seasonal, or ved work.						
		Occupation	Nail Salon O	perator			
or homem	aker, if it applies.		0.16				
		Employer's name	Self Employe	ed			
	Employer's address		8777 Parson	s Blvd			
			Number Street			Number Street	
			Jamaica	NY	11432		
			City	State ZIF	Code	City State ZIP Code	
		9 years					
Part 2:	Give Details About	: Monthly Income					
Estimate i	monthly income as of	the date you file this for	m. If you have noth	ing to report	for any line, w	rite \$0 in the space. Include your non-filing	
spouse un	less you are separated	•	-		-		
		ave more than one employ ttach a separate sheet to tl		ormation for a	all employers t	for that person on the lines	
				Fo	or Debtor 1	For Debtor 2 or	
						non-filing spouse	
		ary, and commissions (be calculate what the monthly	2.	1 930 00			
					1,830.00	\$	
3. Estimate and list monthly overtime pay.					0.00	+ \$	
4. Calculate gross income. Add line 2 + line 3.					1,830.00	\$	

Official Form 106l Schedule I: Your Income page 1

Debtor 1 Choyling Pertab Case number (if known) 18-43687

First Name Middle Name Last Name

			For	r Debtor 1	For Debtor 2 or			
				4 000 00	non-filing spouse			
C	Copy line 4 here	4 .	\$_	1,830.00	\$			
5. L	ist all payroll deductions:							
	5a. Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$			
	5b. Mandatory contributions for retirement plans	5b.	\$_	0.00	\$			
	5c. Voluntary contributions for retirement plans	5c.	\$	0.00	\$			
	5d. Required repayments of retirement fund loans	5d.	\$	0.00	\$			
	5e. Insurance	5e.	\$	0.00	\$			
	5f. Domestic support obligations	5f.	\$	0.00	\$			
	5g. Union dues	5g.	\$	0.00	\$			
	5h. Other deductions. Specify:	5h.	+\$_	0.00	+ \$			
6.	Add the payroll deductions . Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.	\$	0.00	\$			
7.	Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	1,830.00	\$			
8. I	ist all other income regularly received:							
	8a. Net income from rental property and from operating a business, profession, or farm							
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	3,000.00	\$			
	8b. Interest and dividends	8b.	\$	0.00	\$			
	8c. Family support payments that you, a non-filing spouse, or a depende regularly receive	ent						
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$			
	8d. Unemployment compensation	8d.	\$	0.00	\$			
	8e. Social Security	8e.	\$	0.00	\$			
	8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.		¢		¢			
	Specify:	8f.	Φ		\$			
	8g. Pension or retirement income	8g.	\$	0.00	\$			
	8h. Other monthly income. Specify:	8h.	+\$_	0.00	+\$	· _		
	Add all other income . Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$_	3,000.00	\$]		
	Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$	4,830.00	+ \$	= \$ 4,830.00		
I	State all other regular contributions to the expenses that you list in Scheon include contributions from an unmarried partner, members of your household, you riends or relatives.			ents, your roo	ommates, and other			
[Do not include any amounts already included in lines 2-10 or amounts that are	not a	vailable	e to pay expe	nses listed in Schedule J.			
(Specify:				11	. + \$0.00		
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies 12. 4,830.00 Combined								
13. Do you expect an increase or decrease within the year after you file this form? No								
	Yes. Explain:							

Official Form 106I Schedule I: Your Income page 2